NHS Bursary: Childcare Allowance application

Application completion notes

Introduction

You are eligible to apply for Childcare Allowance if you;

- are in receipt of an NHS Bursary ('including a non income assessed grant and/or maintenance award);
- have dependent children under 15 on the first day of the academic year (or under 17 on that date if they are currently registered with special educational needs); and
- are receiving care from an Ofsted-registered childcare provider (or the equivalent, where applicable).

Further information about the NHS Bursary Childcare Allowance can be found on our website - www.nhsbsa.nhs.uk/CCA.

Completing the application

Your childcare provider(s) must complete part 5 and sign the childcare declaration at part 6.

If you have more than one childcare provider you need to submit a separate part 5 and 6 for each childcare provider you use.

Do not include any costs covered by free early education and childcare schemes administered by your Local Authority.

Submitting your application form and supporting evidence

Check through the form to ensure all sections are completed and read the declaration carefully before signing it. You should then upload your completed form to your NHS Bursary account.

We are unable to accept forms submitted by email.

NHS Bursary: Childcare Allowance application

1. Your details

Student reference number | BRN |

This is the number you were assigned when you registered on the for an NHS Bursary account.

Surname or family name

First name

Date of birth | | | / | | / | | | | |

Address

Contact telephone
number

Email

Do you have a partner who is in receipt of a Childcare Allowance from the NHS Bursary, or a childcare grant from any other funding body?

☐   No   go to part 2

☐   Yes   we may need to contact you about this

Does this form replace any previous applications or is it additional to a current claim?

☐   No, this is a new application

☐   Yes - replacing previous claim   ☐   Yes - this is an additional claim

Are you applying for more than one childcare provider?

☐ Yes (Complete a form for each provider)

☐ No

Are you applying for more than one child?

☐ Yes

☐ No

2. Other help with childcare costs - to be completed by all students

Do you, your spouse, civil partner or partner receive or expect to receive the childcare element of Working Tax or Universal Credit or Tax Free Childcare during the academic year for which you are making an application?

☐ Yes - do not continue with this application - you will not be eligible for Childcare Allowance

☐ No - please upload your most recent Working Tax or Universal Credit letter or statement if you are in receipt of either of these.

3. Estimated childcare costs in academic year 2022/23

To be completed by the student.

Make sure a separate form is completed by each childcare provider if you use more than one.

Complete the table below to show the childcare costs you expect to incur in each individual week throughout the academic year. You must specify how many children you require care for. **You should not include any free early years sessions in this table.**

It is important that you include any weeks where no childcare costs will be incurred by entering 0.00 under 'Total charges made'.

Name of provider

Name of child or children

Complete the table below with details of the expected weeks and estimated costs of your childcare for the 2022/23 academic year. Any rows left blank will be assumed to have no expected charge.

Any weeks left blank will be assumed to have no charge.

Week commencing	No. of children	Total charges made	
		£	p

| Week commencing | No. of children | Total charges made | |
		£	p

4. Student declaration

I declare that I have read and understood the application instructions in full.

I declare that the childcare costs I have claimed for are not covered by free early education and childcare scheme.

I declare that neither I, nor my spouse/civil partner/partner receives the tax-free childcare or element of Working Tax credit or Universal Credit from HM Revenue and Customs.

I will inform NHSBSA Student Services immediately of any change in circumstances that might affect my entitlement to financial support or NHSBSA Student Services records relating to me, including but not limited to:

- withdrawing, suspending, deferring or interrupting the course temporarily or permanently for any reason, regardless of whether I intend to return
- changing my study pattern from full-time to part-time, or vice versa
- taking a year or term out from study
- changing the account I want my payments made to
- changing address
- gaining support for childcare costs from a publicly funded body or an employer.

I accept that NHSBSA Student Services will immediately terminate or suspend my funding if:

- I withdraw, suspend, defer or interrupt the course temporarily or permanently for any reason, regardless of whether I intend to return
- I take a year or term out from study
- NHSBSA Student Services determines as its absolute discretion that it is reasonable for it to do so
- I gain support for childcare costs from a publicly funded body or an employer
- I use a childcare provider that is not registered with Ofsted, where this is a requirement.
- NHSBSA Student Services at its absolute discretion determines that I am no longer entitled to financial support.

I will pay back to NHSBSA Student Services, within 30 days of receiving notification, any excess payment, fees and any other charges, in the event of the following circumstances:

- changing my study pattern from full-time to part-time
- withdrawing, suspending, deferring or interrupting the course temporarily or permanently for any reason, regardless of whether I intend to return
- taking a year or term out from study
- being overpaid because I have failed to inform NHSBSA Student Services of a change in my circumstances
- a NHSBSA Student Services administrative error
- where NHSBSA Student Services at its absolute discretion determines I have been given financial support to which I am not entitled
- I gain support for childcare costs from a publicly funded body or my employer.

Should I fail to make full repayment of any amount due or agree an acceptable repayment plan with NHSBSA Student Services, the debt may be passed to a debt collection agency. I agree that I will be charged for any additional recovery costs at the rate of 7% which will be added to the balance outstanding on referral.

I declare that the information given on this form and in any receipts and supporting documents provided is complete and accurate. I understand and accept that if I provide false or misleading information, financial support may be refused or withdrawn and I may be liable to prosecution and/or civil proceedings.

I consent to NHSBSA Student Services contacting the childcare provider(s) detailed in section 4 of this form for the purposes of verification of information provided on this form.

I understand that the administration of the NHS Bursary and responsibility for counter fraud and security management in the NHS are both responsibilities of the NHS Business Services Authority.

I understand that NHSBSA Student Services may share the information on this form with the NHS Counter Fraud Agency (NHSCFA) for the purposes of the prevention, detection, investigation and prosecution of fraud or any other unlawful activity affecting NHS Bursaries.

Full name	
Signature	
Date	☐☐ / ☐☐ / ☐☐☐☐

You now need to pass this form to your childcare provider for them to complete Sections 5 and 6.

If you use more than one childcare provider please ask each one to complete a new form.

Privacy notice

The NHS Business Services Authority (NHSBSA) is responsible for this service.

Why we process your information

We will use the information you provide to:

- process your application for payment,
- detect and prevent fraud and mistakes and
- analyse general trends and correlations to support more effective planning of NHS services.

By law we must process this information on behalf of the NHS.

Your information will not be transferred outside the European Economic Area.

Sharing your personal information

To prevent, detect and investigate fraud and errors, we may share your information to check the records of:

- Higher Education Institutions
- HM Revenue and Customs
- The Home Office
- Student Loans Company
- Bodies performing functions on behalf of the above organisations

Information may be shared with the Department of Health and Social Care for the purposes of investigating and prosecution of fraud, or any other unlawful activity affecting the NHS.

Information may be shared with the Cabinet Office in relation to the National Fraud Initiative, which matches electronic data within and between public and private sector bodies to prevent and detect fraud.

Anonymised information relating to your equality and diversity may also be shared with the Department of Health and Social Care to monitor the compliance with Equality law.

Keeping your personal information

Your personal data will be deleted from our systems and files no later than seven years after your final payment has been completed.

Your rights

The information you provided will be managed as required by Data Protection law including the General Data Protection Regulations (GDPR).

You have the right to:

- receive a copy of the information the NHSBSA hold about you

- request your information be changed if you believe it was not correct at the time you provided it

From the 25 May 2018 you have the right to:

- request that your information be deleted if you believe the NHSBSA are keeping it for longer than necessary

Find out more about your rights and how we process information
www.nhsbsa.nhs.uk/our-policies/privacy.

5. Verification of childcare costs

To the childcare provider: please complete all of this section and sign the declaration on the next page.

Name of provider

Name of children

Are the children you are providing childcare for related to you **(the childcare provider)** in any way?

☐ Yes   If YES please state your relationship to the child(ren).

☐ No

Your name

Organisation name

Your address or address of organisation

Contact number

Email

Ofsted registration number or equivalent

Date of registration

Registration lasts from   to

I am registered with

Name(s) of child/children	Date of birth(s)

6. Childcare provider declaration

Name of provider

Name of child or children

Before you sign the declaration below, please ensure that you have checked that the charges declared in the estimated costs table in part 3 are as accurate as possible.

I declare that the information given on this form and in any supporting documents is complete and accurate.

I declare that I am registered with Ofsted (or its equivalent if based outside England) as a childminder or childcare provider for the child(ren) named at part 3 of this form, of day or out of hours school care within the meaning of the Childcare Act 2006, or I can confirm that the childcare detailed on this form is provided directly by a school for a child or children age 3 or over; or it is provided by a Local Authority; or it is provided by an agency registered under the Domiciliary Care Agencies Regulations 2002 providing childcare in the child(ren)'s own home; or I am an approved foster carer providing childcare for a child or children I do not normally foster.

I confirm that I have agreed to provide childcare for the child(ren) named at part 3 of this form at the cost(s) that are quoted. I agree to provide the NHS Business Services Authority (NHSBSA) with documentary evidence upon request to confirm that the person named at part 1 of this form has met the costs for childcare in respect of the child(ren) named at part 3 of this form.

I confirm and accept that if I provide false or misleading information, I may be liable to prosecution and/or civil proceedings.

I consent to the NHSBSA contacting the person named at part 1 of this form for the purposes of verification of information provided on this form.

I understand that the administration of the NHS Bursary and responsibility for counter fraud and security management are both the responsibilities of the NHSBSA. I understand that the NHSBSA may share the information on this form with NHS Protect for the purposes of the prevention, detection, investigation and prosecution of fraud or any other unlawful activity.

Full name

Signature

Date   /   /